

VETERANS JOURNAL



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Summer 2009 Issue

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The information in this journal is being provided to make the veteran community aware of some current events, activities and veterans issues that are of mutual concern. From time to time, we will include some relevant information important enough to be repeated, to insure that veterans and their families are aware of the full range of benefits and entitlements available to them.

VA NEWS

FOR IMMEDIATE RELEASE

January 9, 2009

VA To Offer Health Care to Previously Ineligible Veterans (ver 7)

WASHINGTON – The Department of Veterans Affairs (VA) announced today plans to re-open enrollment in its health care system by July 2009 to about 265,000 veterans whose incomes exceed current limits.

"We're pleased to be able to offer what has been called 'the best care anywhere' to many more new veterans," said Dr. James B. Peake, Secretary of Veterans Affairs. "We'll be able to provide these newly enrolled veterans with the kind of timely, high quality health care veterans who already use our system are accustomed to."

The change affects veterans whose incomes exceed the current VA means test and geographic means test income thresholds by 10

percent or less. Congress provided funds in VA's fiscal year 2009 budget to support the new enrollment.

In 1996, Congress established a priority-based enrollment system for VA and a uniform package of medical benefits for all enrollees. The legislation opened enrollment in VA's health care system to all eligible veterans and required that each year the Secretary of Veterans Affairs assess veterans' demand for services and determine if the necessary resources are available to provide timely, quality care to all enrollees.

Enrollment for the lowest priority of the eight groups—veterans who are not being compensated for a military-related disability and who have incomes above a set threshold—was suspended on January 18, 2003, although veterans in that priority group who were already enrolled for care were permitted to remain enrolled.

VA originally suspended enrollment for Priority 8 veterans because it was unable to provide all enrolled veterans with timely access to its

health care due to a tremendous growth in the number of veterans then seeking enrollment. VA now plans to reopen enrollment for a portion of these veterans without compromising the Department's ability to provide high quality health care services to all enrolled veterans who are eligible for care.

Check out Franklin County Veteran Service Commission's website. Website features annual report, past journals, and other current information that many veterans will find useful.

www.FranklinCountyOhio.gov/vets

FACTS ABOUT THE 1973 ST. LOUIS FIRE AND LOST RECORDS FACT SHEET

The National Archives and Records Administration is the official depository for records of military personnel separated from the United States Air Force, Army, Coast Guard, Marine Corps, and Navy. The records are housed in three locations: the National Archives Building in Washington, D.C., the Washington National Records Center in Suitland, Md., and the National Personnel Records Center (NPRC) in St. Louis, Mo.

The NPRC contains records relating to:

- U.S. Army officers separated after June 30, 1917, and enlisted Army personnel separated after October 31, 1912.
- U.S. Air Force officers and enlisted personnel separated after September 1947.
- U.S. Naval officers separated after 1902, and naval enlisted personnel separated after 1885. U.S. Marine Corps officers separated after 1895, and enlisted personnel separated after 1904.
- U.S. Coast Guard officers separated after 1928, and enlisted personnel separated after 1914. Civilian employees of predecessor agencies (Revenue Cutter Service, Life-Saving Service and Lighthouse Service) of the U.S. Coast Guard from 1864- 1919.

The Fire

A fire at the NPRC in St. Louis on July 12, 1973, destroyed about 80 percent of the records for Army personnel discharged between November 1, 1912, and January 1, 1960. About 75 percent of the records for Air Force personnel with surnames from "Hubbard" through "Z" discharged between September 25, 1947, and January 1, 1964, were also destroyed.

What Was Lost

It is hard to determine exactly what was lost in the fire, because:

There were no indices to the blocks of records involved. The records were merely filed in alphabetical order for the following groups:

- **World War I:** Army September 7, 1939 to November 1, 1912
- **World War II:** Army December 31, 1946 to September 8, 1939
- **Post World War II:** Army December 31, 1959 to January 1, 1947; Air Force: December 31, 1963 to September 25, 1947

Millions of records, especially medical records, had been withdrawn from all three groups and loaned to the Department of Veterans Affairs (VA) prior to the fire. The fact that one's records are not in NPRC files at a particular time does not mean the records were destroyed in the fire.

Reconstruction of Lost Records

If a veteran is advised that his or her records may have been lost in the fire, he or she may send photocopies of any documents they possess to the NPRC, particularly separation documents. The address is National Personnel Records Center, Military Personnel Records, 9700 Page Blvd., St. Louis, MO 631325. This enables the NPRC to re-establish files by adding those

documents to the computerized index and filing them permanently.

Alternate Sources of Military Service Data

In the event a veteran does not have any records in his or her possession, the essential military service data may be available from a number of alternate sources.

- The Department of Veterans Affairs (VA) maintains records on veterans whose military records were affected by the fire if the veteran or a beneficiary filed a claim prior to July 1973.
- Service information may also be found in various kinds of "organizational" records such as unit morning reports, payrolls and military orders on file at the NPRC or other National Archives and Records Administration facilities.
- There also is a great deal of information available in records of the State Adjutants General, and other state veterans services offices.

By using alternate sources, NPRC may often be able to reconstruct a veteran's beginning and ending dates of active service, the character of service, rank while in service, time lost while on active duty, and periods of hospitalization. NPRC is usually able to issue NA Form 13038, "Certification of Military Service," considered the equivalent of a Form DD-214, "Report of Separation From Active Duty," for the purpose of establishing eligibility for veterans benefits.

Necessary Information for File Reconstruction

The key to reconstructing military data is to give the NPRC enough specific information so the staff can properly search the various sources. The following information is normally required:

- Full name used during military service;
- Branch of service;
- Approximate dates of service;
- Service number;
- Place of entry into service;
- Last Unit of assignment; and
- Place of discharge.



Military Homeowner Assistance Plan Released

This week, the Pentagon announced the much-anticipated Homeowner Assistance Program (HAP) <<http://echo4.bluehornet.com/ct/4649100:5489642470:m:1:231009920:580BB712A867E3D05C361EAEC0EF34CA>> expansion guidance to provide financial relief for military and federal civilians, wounded warriors, and certain survivors who are relocating and facing significant financial losses in selling their homes.

The HAP has been temporarily expanded to assist these homeowners relocating on federal orders during the major downturn in the housing market. Earlier this

year, Congress included \$555 million in the economic stimulus package to provide eligible military and DoD civilians with partial reimbursement for losses on the sale of their primary residence.

Under the new expansion rules, the HAP will provide benefits in the following priority order:

* Wounded service members relocating for treatment or medical retirement, and for the survivors of those who have died while on deployment

* Military and DoD civilians affected by the 2005 base reduction and closure (BRAC) round (under a special temporary exemption, there's no requirement to demonstrate that BRAC caused the local housing market decline)

* Military and DoD civilians who suffer home losses as a result of permanent change of station (PCS) moves, on a temporary basis

To assist as many people as possible, eligibility includes retroactivity for PCS moves from July, 1, 2006 through December, 31, 2009, and longer for wounded warriors/surviving spouses and personnel affected by BRAC.

Due to the \$555 million funding limitation, not all of the priority categories will be reimbursed at the same rate. Losses for members who privately sell their homes will be reimbursed at 95% of prior fair market value for wounded warriors and surviving spouses, while members on normal PCS moves will be reimbursed at 90%. The prior fair market value will be the original purchase price of the home, as HAP payments aren't intended to protect home appreciation value.

Another HAP option allows the government to purchase the home if the eligible member can't sell it. But reimbursement rates under that option are lower (90% of original price for wounded warriors/civilians and survivors, and 75% for PCS moves) to incentivize individual sales and minimize the need for much more costly government acquisition.

Protect Yourself

NAUS (May 15, 2009)

Advances in modern medicine come on a daily basis. It seems like every time we turn around the media is reporting about some newly approved procedure. A word of caution to our readers; just because the TV, Internet or newspaper reports the latest and greatest in medical technology does not mean Medicare or TRICARE will cover it. When in doubt, always protect yourself by checking with Medicare and/or your regional TRICARE contractor before your doctor recommends you undergo one of these "new" procedures. You may end up paying for it from your own pocket without TRICARE coverage.



Ban on Aspirin for Deployed Troops

NAUS (May 15, 2009)

Defense Department officials are directing servicemembers and government civilians deployed in overseas war zones to refrain from taking aspirin unless under a doctor's orders. Aspirin use could contribute to excessive bleeding in the event of wounding or injury. Troops slated for deployment to combat zones should cease taking aspirin at least 10 days before departure. Servicemembers and civilians could substitute over-the-counter, non-aspirin-based medications, such as Tylenol or Motrin, for treatment of colds, fever, muscle aches and other maladies. Army & Air Force Exchange Service (AAFES) operations in contingency locations have removed all products containing aspirin from their shelves.



Budget Roll-Out

Naus May 8, 2009

On Thursday afternoon the details of the various Administration budget proposals were made public. We will concentrate on the two with the most impact on NAUS members and supporters, the VA and DoD budgets.

VA Budget

The President's VA budget proposal recommends \$112.8 billion for the Department's programs and policies. The request is more than \$6 billion higher than either the House or Senate budget proposals recently agreed to by the respective chambers. The recommendation is 15.5 percent above current year spending and the largest percentage increase requested for VA in more than 30 years.

VA's budget request contains four major categories of activities. These activities include: creating a reliable management infrastructure, delivering ongoing services, making progress on Departmental priorities, and instituting new initiatives critical to meeting the needs of Veterans now and in the future.

Nearly two-thirds of the increase (\$9.6 billion) would go to mandatory programs (up 20 percent); the remaining third (\$5.6 billion) would be discretionary funding (up 11 percent). The total budget would be almost evenly split between mandatory funding (\$56.9 billion) and discretionary funding (\$55.9 billion).

VA's new budget request provides for an estimated 122,000 more patients to be treated over the

current year. Many of these patients will have multiple visits in the course of the year. VA expects to end fiscal year 2010 with nearly 6.1 million individual patients having received care, including 419,000 Veterans of the Iraq and Afghanistan war zones who separated from service.

Defense Budget

The Administration is proposing a defense budget of \$663.8 billion for fiscal 2010. The budget request for the Department of Defense (DoD) includes \$533.8 billion in discretionary budget authority to fund base defense programs and \$130 billion to support overseas contingency operations, primarily in Iraq and Afghanistan.

The fiscal 2010 budget proposal would end the use of supplemental requests to fund overseas operations, including Operation Iraqi Freedom and Operation Enduring Freedom.

The inclusion of these expenses as a separate category in the department's annual budget request will ensure greater transparency and accountability to Congress and the American people. The budget will also request funds in the base amount, previously included in supplemental requests, for programs such as those supporting our military families and providing long-term medical care to injured service members.

Defense Budget –Concurrent Receipt

The original Budget blueprint, issued in February, outlined plans to expand Concurrent Receipt for medically retired (Chapter 61) military retirees. The DoD budget does not mention anything about this issue.

NAUS is informed that expansion of concurrent receipt is not, repeat, not contained in the President's DoD budget, despite the previously stated position. Details of the earlier proposal are unavailable in this document.

United States Navy Mortuary Affairs Burial At Sea Program

BURIAL AT SEA (BAS) is a means of final disposition of remains, that is performed on United States Naval vessels. The committal ceremony is performed while the ship is deployed, therefore, family members are not allowed to be present. The commanding officer of the ship assigned to perform the ceremony will make notification to the family of the date, time, latitude and longitude, once the committal service has been completed.

Eligibility: Individuals eligible for this program are: (1) active duty members of the uniformed services; (2) retirees and veterans who were honorably discharged. (3) U.S. civilian marine personnel of the Military Sealift Command; and (4) dependent family members of active duty personnel, retirees, and veterans of the uniformed services.

How to get Started: After the death of the individual for whom the request for Burial at Sea is being made, the Person Authorized to Direct Disposition (PADD) should print out and complete the [linked Burial at Sea Request Form](#). Supporting documents which must accompany this request are: (1) a photocopy of the death certificate; (2) the burial transit permit or the cremation certificate; and (3) a copy of the DD Form 214, discharge certificate, or retirement order.

Burial Flag: A Burial Flag, is required for all committal services performed aboard United States Naval vessels, with the exception of family members who are not authorized a burial flag. The PADD may wish to send a flag with the remains/cremains to be flown on the vessel during the committal service. Following the services at sea, that flag will be returned to the PADD. If the PADD does not wish to send a burial flag, the ship's flag will be flown during the committal service, but no flag will be forwarded to the family.

Cont. Burial at Sea

Cremated Remains (Cremains):

Cremains must be in an urn, may be temporary (plastic/metal/cardboard) container to prevent spillage in shipping. The cremains, along with the completed BAS package, and the burial flag will be forwarded to the Burial-at-Sea Coordinator at the desired port of embarkation ([listed below](#)). Prior to shipment, it is recommended that a phone call be made informing the coordinator of the pending request. It is recommended that the packaged cremains be sent via certified mail, return receipt requested.

Intact Remains (Casketed):

Specific Specific guidelines are required for the preparation of casketed remains to be buried at sea. Remains must be in a metal casket. All expenses incurred in this process are the responsibility of the PADD, who will select a funeral home in the area of the port of embarkation. Remains are not forwarded to the receiving funeral home until the coordinator is notified a ship has been assigned and an embarkation date is anticipated. The coordinator will advise regarding shipment to the receiving funeral home to allow sufficient time for casket preparation. The casketed remains, the request form, supporting documents, and the burial flag are to be forwarded to the receiving funeral home. Once the receiving funeral home has the casket prepared, the coordinator will make the inspection and complete the checklist for the preparation of casketed remains. It is recommended that funeral homes responsible for preparing and shipping intact remains, contact Navy Mortuary Affairs at the Military Medical Support Office in Great Lakes, Illinois to receive the preparation requirements. **NOTE:** Norfolk and San Diego are the only ports for embarkation of intact remains.

Port of Embarkation/Coordinators

Norfolk, Va.

Commander, Naval Medical Center
ATTN: Code 0210C
620 John Paul Jones Cir.
Portsmouth, VA 23708-5100
Phone: (757) 953-2617/2618

Jacksonville, Fla.

Branch Medical Clinic
P. O. Box 280148
Naval Station
Mayport, FL 32228-0148
Phone: (904) 270-4285

San Diego, Calif.

Naval Medical Center
Decedent Affairs Code: BUB
34800 Bob Wilson Drive
San Diego, CA 92134-5000
Phone: (800) 290-7410

Bremerton, Wash.

Commanding Officer
Naval Hospital Bremerton
Code: 015-BAS/HP01 Boone Road
Bremerton, WA 98312-1898
Phone: (360) 475-4790/4543

Honolulu, Hi.

Navy Liaison Unit
Tripler Army Medical Center
Tripler AMC, HI 96859-5000
Phone: (808) 433-4709, 577-7590

For More Assistance: If you have questions about our Burial-At-Sea program, please feel free to contact our office toll-free at 1-866-787-0081 and follow the voice menu.

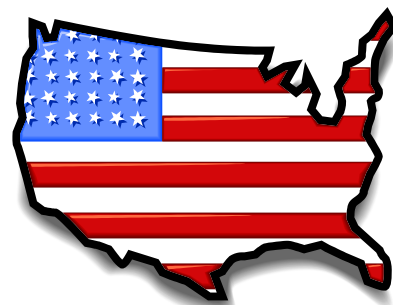
Post 9/11 GI Bill

NAUS (May 15, 2009)

The VA Education Service reports that since applications for the Post 9/11 GI Bill began on May 1, they have been receiving them at around 3000 per day. They assure those who are eligible that they are working hard to process the

applications to make the August 1 deadline to begin payments.

The Post 9/11 GI Bill marks the most expansive increase in veterans' education benefits since World War II. Not only does it provide eligible individuals with college tuition assistance, but for many participants it also provides a housing allowance, a stipend for books and supplies, and the option of sharing these benefits with family members. Information about the new program and VA's other educational benefits can be obtained through the [G.I. Bill Website](#) or by calling 1-888-GIBILL-1 (1-888-442-4551).



It is the Soldier
Father Dennis Edward
O'Brien

It is the Soldier,
not the reporter, who has
given us freedom of press.

It is the Soldier,
not the poet, who has given
us freedom of speech.

It is the Soldier,
not the campus organizer,
who gives us freedom to
demonstrate.

It is the Soldier
who salutes the flag,
who serves beneath the flag,
and whose coffin is draped by
the flag,
who allows the protester to
burn the flag.

USATogether.org

<<https://app01.usatogether.org/>> .

The Website reaches out to the community to address the unmet needs of injured combat veterans from all eras. In short, USA Together unites injured service members who need assistance with the people who want to help them. The program was launched locally, but has been successful in spreading nationally since last year.

ELIGIBILITY - Any service member or veteran who was injured, wounded, or became ill (including PTSD or TBI) as a result of their military service. People managing the site will ask for relevant documentation related to the service-connected condition. USATogether will work with the service member or their contact to discretely phrase the nature of the injuries on the site, if needed. In a few cases they have even used general funds they have to address certain requests without having to post publicly if that is required. The site has posted and fulfilled requests from Hawaii to Massachusetts and requests are being met faster than they can post new ones.

Their challenge is not finding community businesses to pitch in and help, in fact, their biggest challenge is finding service men and women who have unmet needs and getting this information to them, so they can post their request. We know they are out there.

WHAT TYPE OF ASSISTANCE DOES USATOGETHER OFFER? - This could include anything from a new dishwasher to child care to plastic surgery. Anything they need. There is NO cost to the veteran, other than a little time. Again, it is a very simple process and even a case manager or

family member can post on their behalf, with consent from the Veteran of course.

WHO SHOULD YOU SEND THIS TO? - Please forward this email to your social workers, case managers, CBOCs, outreach folks, local Vet Centers and respective Voluntary Service Offices. Individuals with support or services to provide can be screened and added to the pool of supporters. It eliminates the often multiple layers in getting assistance fast, which simplifies and expedites the process for all sides.

WANT MORE INFORMATION? - Contact Dave Mahler at: dave@usatogether.org <<mailto:dave@usatogether.org>> . He also has nice brochures he can send you. I know he would be happy to help in any way.

USATOGETHER MEDIA COVERAGE - If I haven't convinced you yet, here are links to two recent NPR and CNN stories about the site. <<http://www.npr.org/templates/story/story.php?storyId=99478227>>

<<http://www.cnn.com/2009/TECH/02/13/veterans.help.web.site/index.html>>

Special Military Social Security Rate

When a veteran applies for Social Security benefits, they should take their DD-214 with them. Social Security then computes the extra benefit and it is added to the monthly payments. In many cases, the Social Security office asks for a DD-214 and this benefit is computed automatically. But, not always. If you are a veteran who is collecting Social Security and you're not sure whether you are receiving this benefit, call your local Social Security office and ask them to check your account. If you are not getting the benefit, take your DD-214 to your local Social Security office and apply. They will compute

your new benefit and you will receive a larger monthly check plus retroactive benefits computed from the time you started collecting Social Security. Remember, military retirees and government retirees who use military time to compute "time in service" do not qualify for this benefit. For more information, visit

<http://www.ssa.gov/retire2/military.htm>.

Since 1957, if you had military service earnings for active duty (including active duty for training), you paid Social Security taxes on those earnings. Since 1988, inactive duty service in the Armed Forces reserves (such as weekend drills) has also been covered by Social Security.

Under certain circumstances, special extra earnings for your military service from 1957 through 2001 can be credited to your record for Social Security purposes. These extra earnings credits may help you qualify for Social Security or increase the amount of your Social Security benefit.

Special extra earnings credits are granted for periods of active duty or active duty for training. Special extra earnings credits are **not** granted for inactive duty training.

If your active military service occurred

- **From 1957 through 1967**, we will add the extra credits to your record when you apply for Social Security benefits.
- **From 1968 through 2001**, you do not need to do anything to receive these extra credits. The credits were automatically added to your record.
- **After 2001**, there are no special extra earnings credits for military service.

How You Get Credit For Special Extra Earnings

The information that follows applies **only** to active duty military service earnings from [1957 through 2001](#). Here's how the special **extra** earnings are credited on your record:

Cont. Special Military Social
Security Rate

Service in 1957 Through 1977

You are credited with \$300 in additional earnings for each calendar quarter in which you received active duty basic pay.

Service in 1978 through 2001

For every \$300 in active duty basic pay, you are credited with an additional \$100 in earnings up to a maximum of \$1,200 a year. If you enlisted after September 7, 1980, and didn't complete at least 24 months of active duty or your full tour, you may not be able to receive the additional earnings. Check with Social Security for details



Veterans give local VA clinic low marks

Difficulty in getting timely appointment is frequent complaint

Monday, April 27, 2009

By Jeb Phillips

THE COLUMBUS DISPATCH

Veterans don't appear to enjoy their time at the main Veterans Affairs medical clinic in Columbus.

The Chalmers P. Wylie VA Ambulatory Care Center scored 46.5 percent on overall quality in the most recent survey of patient health-care experiences. Including some nearby community clinics, the Columbus area scored 48.7 percent overall.

Veterans have long complained about difficulty in getting timely appointments, having to travel for inpatient care (the Wylie center handles only outpatient visits), poor coordination of treatment for multiple conditions, and not being taken seriously. But the percentages have never come in this low.

Those numbers are not what they seem, Veterans Affairs officials say. For one thing, the latest survey was changed completely.

The Columbus area had an overall quality score of 78 percent in 2007 and 81 percent in 2008, beating the national averages. That was using the old survey, which asked patients to rank their experiences on a scale of 1 to 5. The overall-quality measure counted only the people who ranked their experiences a 4 or 5.

The new survey asks some new questions, asks some old ones differently, and asks patients to rank their experiences on a 10-point scale. Only rankings of 9 or 10 count toward the overall-quality percentage.

Scores across the country have fallen in the new survey, said Dr. Joseph Francis, the deputy chief quality and performance officer for the federal Department of Veterans Affairs.

The national score for overall quality in 2008 was 78.2 percent. It was 56.5 percent through the first quarter of 2009, the period that the most recent survey covered.

Columbus now appears to fall below the national average. However, because of the survey's margin of error, Columbus might be in line with the national average.

It's impossible to compare the results of the two surveys, Francis said. There is no way to tell whether a clinic that ranked poorly in 2008 has improved or worsened in 2009. For all the department knows, the new 56.5 percent might be the equal of the old 78.2 percent.

But no matter the percentages, central Ohio veterans complain

about the care they receive, especially at the Wylie Center, which sees about 1,200 patients a month. The clinic moved to 420 N. James Rd. in November, about the midpoint of the survey period.

Most veterans who have visited the new facility say they appreciate it. But the old problems have followed some of them to the new place. They still say they aren't getting the treatment they deserve.

"Here's a pill. Come back in six months," is what many of the treatments amount to, said Nolan Osborne, 39, of Clintonville. Osborne deployed with the Army to Kosovo in 2000 and 2001.

In some cases, veterans have complained loudly enough to get official attention. U.S. Sen. Sherrod Brown, a Democrat from Ohio, met with central Ohio veterans and veterans' advocates on March 9 to discuss their concerns.

"The meeting was about collecting information and determining a federal response," said Meghan Dubyak, a Brown spokeswoman.

Richard Isbell, who coordinates Veterans Affairs issues and Americans with Disabilities Act compliance for Columbus Mayor Michael B. Coleman, said veterans regularly call him with gripes. At times, he has contacted the clinic to get individual issues sorted out.

Isbell said he always tries to get the other side of the story, and he appreciates that the recent move into a new facility inevitably caused problems. But he said he hears some complaints, especially the difficulty of scheduling appointments, over and over.

"They need to step back and think about the people they need to be helping," Isbell said of VA officials.

One area where the Columbus facility fell significantly below the national average was in pharmacy mailings. Veterans reported their satisfaction with the process of calling the facility's pharmacy and having prescription drugs mailed to them.

Cont. Veterans give local VA clinic low marks

That low score might have been the result of a phone-system problem in the early days of the new building, said John Glacken, associate director of the Wylie clinic.

Citing positives about the new site, Glacken said it offers more parking, more room, a bigger staff and a bigger range of procedures it can perform.

The clinic's internal numbers show that 98 percent of patients who need mental-health follow-up appointments get them within 15 days of their first appointment, Glacken said. Many veterans who complain about the timeliness of treatment cite mental-health appointments.

"It's better," said Marvin Heskett, 27, of Upper Arlington, who served in the Army and Army Reserve. "I just got assigned to an Iraqi Freedom liaison. He's a great guy and does what he can."

Heskett, though, said it took him about a year to get screened for post-traumatic stress disorder, and a year of arguing before he had a heart catheterization.

The new facility is better, but he's running into the same problems with treatment, he said. "I feel that I am not getting the care that I should get."

jeb.phillips @dispatch

Here Comes Your Stimulus Bonus

by Jeanne Sahadi



You're likely to see some more green in the next couple of weeks. Not only on the trees. Very possibly in your wallet, too.

President Obama asked that all employers adjust their payroll systems on Wednesday, April 1, so eligible workers could start receiving the new Making Work Pay tax credit through their paychecks. The credit, available for 2009 and 2010, was a part of the economic recovery package lawmakers passed in February.

Just how much extra cash you will see depends on your marital status, your salary and how many allowances -- or exemptions -- you normally take.

As a rough guide, singles eligible for the credit might get between \$10 to \$15 per paycheck if paid weekly; for those married filing jointly, they're likely to see an extra \$15 to \$20.

Who Is Eligible?

The credit is available to those with earned income. It's worth up to \$400 a year for single filers and \$800 for joint filers.

The full credit will be paid to people with modified adjusted gross incomes of \$75,000 or less (\$150,000 per couple). A partial credit would be paid to those making above those amounts but no more than \$95,000 (\$190,000 for couples).

What is modified adjusted gross income? It's your adjusted gross income but with some exclusions added back in. In the case of this credit, the only exclusion that would need to be added back is any income earned in a foreign country, in Puerto Rico or in American Samoa.

"For most people, their modified adjusted gross income will be the same as their adjusted gross income, which is on the bottom of the front page of their return," said enrolled agent David Mellem of Ashwaubenon Tax Professionals, who is certified to represent taxpayers before the IRS.

The credit is also refundable, which means that even very low-income families who don't make enough to owe income tax would be able to claim it.

Who Is Not Eligible?

Even if someone works, he won't qualify for the Making Work Pay credit if he is claimed as a dependent on someone else's tax return.

Also, adults who are eligible for Social Security, Railroad Retirement, veteran's compensation or pension benefits will not receive the credit. But if they were eligible for those benefits sometime between November 2008 and January 2009, they will receive a one-time, \$250 emergency payment no later than mid-June.

That emergency payment is not subject to income tax, Mellem said.

How Does It Work?

Using new withholding tables from the IRS, employers are supposed to pay out the Making Work Pay credit by reducing how much tax is withheld from eligible workers' paychecks.

"Changing withholding tables is a routine task. It's not difficult," said Scott Mezistrano, senior manager of government relations at the American Payroll Association.

In fact, many employers likely have already done so, said Pete Isberg, the head of the National Payroll Reporting Consortium. That means their employees should already have started to see more cash in their paychecks.

For example, Ron Moser, a human resources director for a school district in western New York, said his district included the credit in paychecks starting in early March.

Lower-income workers may not make enough money to have taxes withheld once their exemptions are taken into account. So they won't see any extra cash in their paychecks. But they may claim their full credit when they file their 2009 tax returns next year.

Is There Anything I Need to Watch Out For?

Cont. Here Comes Your Stimulus Bonus

Possibly. Some people could end up getting a larger credit than they're entitled to. That means they'd have to pay back the excess amount when they file their 2009 taxes -- or, if they're getting a refund, their refund would be reduced by the amount they were overpaid.

If that situation is unappealing, a tax filer could act now to reduce the number of withholding allowances he takes on his W4 at work. The fewer allowances he takes, the more tax that is withheld.

The IRS has a calculator online that you can use to figure out how many allowances you should take if you're eligible to receive the credit and don't want to be overpaid -- or to put it another way, don't want to have too little tax withheld.

Those most likely to be overpaid are:

Anyone who holds more than one job. You will get paid the Making Work Pay Credit twice, up to \$400 (\$800 for a joint filer) from your first employer and up to \$400 (\$800 for a joint filer) from your second employer.

Joint filers whose spouses work. Each spouse will end up being paid the credit for married couples by each of their employers.

Traumatic Brain Injury Overview

Military.com

Traumatic Brain Injury (TBI), often called the signature wound of the Iraq and Afghanistan wars, occurs when a sudden trauma or head injury disrupts the function of the brain. Common causes of TBI include damage caused by explosive devices, falls and vehicle or motorcycle accidents. Most reported TBI among Operation Enduring Freedom and Operation

Iraqi Freedom servicemembers and veterans has been traced back to Improvised Explosive Devices, or IEDs, used extensively against Coalition Forces.

Disability Compensation

The VA [recently increased](#) the disability rating for TBI vets. Depending on the extent of the injury, vets are now eligible up to 100% [disability rating](#); this change goes into affect on October 24, 2008 and older cases may have their case reviewed. If you are military veteran with a service-related disability you may qualify for compensation ranging from \$117 to more than \$3,000 in monthly benefits. Learn more about [veteran disability compensation](#).

Range of Symptoms

[Symptoms](#) can appear immediately or weeks to months following the injury. Depending upon the severity of the wound, TBI injuries fall into different categories:



Mild Traumatic Brain Injury

(MTBI), commonly referred to as a concussion, is a brief loss of consciousness or disorientation ranging up to 30 minutes. Though damage may not be visible on an MRI or CAT scan, common symptoms of MTBI include headache, confusion, lightheadedness, dizziness, blurred vision or tired eyes, ringing in the ears, bad taste in the mouth, fatigue or lethargy, a change in sleep patterns, behavioral or mood changes, and trouble with memory, concentration or attention. MTBI can have long-term effects, known as post-concussion syndrome (PCS). Those who suffer from PCS can experience significant changes in cognition and personality.

Severe Traumatic Brain Injury is associated with loss of consciousness for over 30 minutes, or amnesia. Symptoms of Severe TBI include all those of MTBI, as well as headaches that gets worse or do not go away, repeated vomiting or nausea, convulsions or seizures, inability to awaken from sleep, dilation of one or both pupils of the eyes (also known as anisocoria), slurred speech, weakness or numbness in the extremities, loss of coordination, and increased confusion, restlessness, or agitation.

Affects on the Brain

Damage to the brain is often widespread and can be difficult to detect. Diffused injuries can cause insufficient blood supply to the brain following head trauma, intracranial pressure due to swelling, or vascular injury which can be fatal. Localized damage occurs as well when the brain collides with the skull, namely the brain stem (vital to attention, arousal, and consciousness), frontal and temporal lobes (the emotional control and memory skills centers). Localized damage includes bruising of the brain or bleeding (hemorrhaging), which can result in skull fracture. It is common for injuries to be both focal (localized) as well as diffuse (widespread) as the result of a single event.

Recovery and Treatment

Recovery from brain injury varies by individual and degree of damage. Currently, little can be done to reverse the initial damage, immediate medical treatment though is essential for stabilizing, preventing further damage and physical/mental rehabilitation. Often severely TBI patients will require surgery (acute treatment) to remove or repair ruptured blood vessels (hematomas) and bruised brain tissue (contusions), as well as any other complications due to brain trauma. For many TBI sufferers, there is medication and alternative medicines which can mitigate symptoms such as headaches, chronic pain, behavioral problems, depression, seizures and chronic pain.

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